

General Assembly

Raised Bill No. 457

February Session, 2022

LCO No. 3443



Referred to Committee on PUBLIC HEALTH

Introduced by: (PH)

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING CONNECTICUT'S IMMUNIZATION INFORMATION SYSTEM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. Section 19a-7h of the general statutes is repealed and the
- 2 following is substituted in lieu thereof (*Effective October 1, 2022*):
- 3 (a) As used in this section, "health care provider" means a person who
- 4 has direct or supervisory responsibility for the administration of a
- 5 vaccine or assessment of immunization status, including a physician or
- 6 physician assistant licensed pursuant to chapter 370, an advanced
- 7 practice registered nurse, nurse midwife or registered nurse licensed
- 8 pursuant to chapter 378, a pharmacist licensed pursuant to chapter 400j,
- 9 or an individual authorized under the general statutes or federal law to
- 10 administer a vaccine.
- 11 [(a)] (b) The Commissioner of Public Health or [his] the
- 12 <u>commissioner's</u> designee [may, within the limitations of available
- resources,] shall establish and maintain an immunization information
- 14 system for the purpose of assuring [timely childhood] vaccine

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recipient's access to their immunization [an ongoing registry of all children who have not begun the first grade of school including all newborns] records. The [registry] immunization information system shall include such information as is necessary to accurately identify a [child] vaccine recipient and to assess such recipient's current immunization status.

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[(b) For purposes of this section, "health care provider" means a person who has direct or supervisory responsibility for the delivery of immunization including licensed physicians, nurse practitioners, nurse midwives, physician assistants and nurses.] (c) Each health care provider who has [provided health care] administered a vaccine to a [child listed in the registry] person in the state shall report, [to] in a form and manner prescribed by the commissioner, or the commissioner's designee, [sufficient information to identify the child and] information, which shall include, but need not be limited to, (1) the name and date of birth of the vaccine recipient, (2) the name and date of each vaccine dose given to that [child or] vaccine recipient, (3) any other information deemed necessary by the commissioner, and (4) when appropriate, contraindications or exemptions to administration of each vaccine dose. Reports shall be made by such means determined by the commissioner to result in timely reporting.] Each health care provider shall provide to a vaccine recipient, a vaccine recipient's court-appointed guardian or conservator, if applicable, or, in the case of a child who received a vaccine, such child's parent or guardian information regarding how such vaccine recipient or such child may decline enrollment in the immunization information system.

(d) Each health care provider intending to administer vaccines to any [child listed on the registry and each parent or guardian of such child shall be provided] person may use the immunization information system to determine current information [as contained in the registry] on the immunization status of [the child] such person for the purposes of determining whether [additional doses of recommended routine childhood immunizations are needed] such person requires immunizations, or to officially document immunization status to meet

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state [day] <u>child</u> care, [or] school <u>or higher education</u> immunization entry requirements pursuant to sections 10-204a, <u>10a-155</u>, 19a-79 and 19a-87b and regulations adopted thereunder.

- (e) Each [director of health of any town, city or health district and each] school nurse who is required to verify the immunization status for children enrolled in prekindergarten to grade twelve, inclusive, at a public or private school in any town, city or school district pursuant to section 10-204a shall be provided with sufficient information on the children who live in his or her jurisdiction and who are listed on the [registry] immunization information system to enable determination of which children are overdue for scheduled immunizations and to enable provision of outreach to assist in getting each such child vaccinated.
- (f) The commissioner, or the commissioner's designee, shall provide the director of health of any municipality or health district with sufficient information on the persons who live in such director's jurisdiction and who are listed on the immunization information system in order to address undervaccinated communities and improve health equity.
- (g) The commissioner may use the information in the immunization information system for the purposes set forth in sections 19a-25 and 19a-215 and the regulations promulgated pursuant to said sections. The commissioner, or the commissioner's designee, may exchange immunization information system information with federal agencies providing health care services and other states' immunization information systems for the purposes described in this section.
- (h) The commissioner shall provide to a vaccine recipient, a vaccine recipient's court-appointed guardian or conservator, if applicable, or, in the case of a child who received a vaccine, such child's parent or guardian access to any information that was provided by a health care provider to the Department of Public Health through the immunization information system regarding such person's vaccination status upon request by such recipient, guardian, conservator, parent or guardian.

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[(c)] (i) Except as specified in subsections [(a) and] (b) to (h), inclusive, of this section, all personal information including vaccination status and dates of vaccination of [individuals] persons shall be confidential pursuant to section 19a-25 and shall not be further disclosed without the authorization of the [child or the child's legal guardian] vaccine recipient, the vaccine recipient's court-appointed guardian or conservator, if applicable, or, in the case of a child who received a vaccine, such child's parent or guardian.

(i) The commissioner shall adopt regulations, [pursuant to] in accordance with the provisions of chapter 54, [to specify] to implement the provisions of this section, including, but not limited to, regulations specifying (1) how information on vaccinations [or exemptions from vaccination] and, when appropriate, contraindications or exemptions to administration of each vaccine dose, is reported in a timely manner to the [registry,] immunization information system, (2) how information on the [registry] immunization information system is made available to [health care providers, parents or guardians, directors of health and school nurses, persons authorized to receive such information pursuant to subsections (b) to (h), inclusive, of this section, and (3) how [parents or guardians] a vaccine recipient, a vaccine recipient's court-appointed guardian or conservator, if applicable, or, in the case of a child who received a vaccine, such child's parent or guardian may decline [their child's] enrollment in the [registry, and to otherwise implement the provisions of this section] immunization information system.

(k) The commissioner shall, in consultation with the Office of Health Strategy, adopt regulations, in accordance with the provisions of chapter 54, to facilitate interoperability between the immunization information system and the State-wide Health Information Exchange established pursuant to section 17b-59d. The commissioner may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided the department posts such policies and procedures on the eRegulations System prior to adopting them. Policies and procedures implemented pursuant to this section

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- shall be valid until regulations are adopted in accordance with the provisions of chapter 54.
- 117 Sec. 2. Subsection (b) of section 19a-7f of the general statutes is 118 repealed and the following is substituted in lieu thereof (*Effective October* 119 1, 2022):
- 120 (b) (1) Commencing October 1, 2011, one group health care provider 121 located in Bridgeport and one group health care provider located in 122 New Haven, as identified by the Commissioner of Public Health, and 123 any health care provider located in Hartford who administers vaccines 124 to children under the federal Vaccines For Children immunization 125 program that is operated by the Department of Public Health under 126 authority of 42 USC 1396s may select under said federal program, and 127 the department shall provide, any vaccine licensed by the federal Food 128 and Drug Administration, including any combination vaccine and 129 dosage form, that is (A) recommended by the National Centers for 130 Disease Control and Prevention Advisory Committee on Immunization 131 Practices, and (B) made available to the department by the National 132 Centers for Disease Control and Prevention.
 - (2) Not later than June 1, 2012, the Commissioner of Public Health shall provide an evaluation of the vaccine program established in subdivision (1) of this subsection to the joint standing committee of the General Assembly having cognizance of matters relating to public health. Such evaluation shall include, but not be limited to, an assessment of the program's impact on child immunization rates, an assessment of any health or safety risks posed by the program, and recommendations regarding future expansion of the program.

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(3) (A) Provided the evaluation submitted pursuant to subdivision (2) of this subsection does not indicate a significant reduction in child immunization rates or an increased risk to the health and safety of children, commencing October 1, 2012, (i) any health care provider who administers vaccines to children under the federal Vaccines For Children immunization program that is operated by the Department of

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147 Public Health under authority of 42 USC 1396s may select, and the department shall provide, any vaccine licensed by the federal Food and 148 149 Drug Administration, including any combination vaccine and dosage 150 form, that is (I) recommended by the National Centers for Disease 151 Control and Prevention Advisory Committee on Immunization 152 Practices, and (II) made available to the department by the National 153 Centers for Disease Control and Prevention, and (ii) any health care 154 provider who administers vaccines to children may select, and the 155 department shall provide, subject to inclusion in such program due to 156 available appropriations, any vaccine licensed by the federal Food and 157 Drug Administration, including any combination vaccine and dosage 158 form, that is (I) recommended by the National Centers for Disease 159 Control and Prevention Advisory Committee on Immunization 160 Practices, (II) made available to the department by the National Centers 161 for Disease Control and Prevention, and (III) equivalent, as determined 162 by the commissioner, to the cost for vaccine series completion of 163 comparable available licensed vaccines.

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(B) Commencing January 1, 2013, (i) any health care provider who administers vaccines to children under the federal Vaccines For Children immunization program that is operated by the Department of Public Health under authority of 42 USC 1396s shall utilize, and the department shall provide, any vaccine licensed by the federal Food and Drug Administration, including any combination vaccine and dosage form, that is (I) recommended by the National Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, and (II) made available to the department by the National Centers for Disease Control and Prevention, and (ii) any health care provider who administers vaccines to children shall utilize, and the department shall provide, subject to inclusion in such program due to available appropriations, any vaccine licensed by the federal Food and Drug Administration, including any combination vaccine and dosage form, that is (I) recommended by the National Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, (II) made available to the department by the National Centers

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- for Disease Control and Prevention, and (III) equivalent, as determined by the commissioner, to the cost for vaccine series completion of comparable available licensed vaccines.
- (C) For purposes of subparagraphs (A)(ii) and (B)(ii) of this subdivision, "comparable" means a vaccine (i) protects a recipient against the same infection or infections, (ii) has similar safety and efficacy profiles, (iii) requires the same number of doses, and (iv) is recommended for similar populations by the National Centers for Disease Control and Prevention.
- (D) On and after October 1, 2022, any health care provider that
 administers vaccines to children under the immunization program
 described in subparagraph (B) of this subdivision shall order such
 vaccines using the immunization information system in a form and
 manner prescribed by the Commissioner of Public Health.

- (4) (A) The provisions of this subsection shall not apply in the event of a public health emergency, as defined in section 19a-131, or an attack, major disaster, emergency or disaster emergency, as those terms are defined in section 28-1.
- (B) Nothing in this subsection shall require a health care provider to procure a vaccine from the Department of Public Health when such provider is directed by said department to procure such vaccine from another source, including, but not limited to, during a declared national or state vaccine shortage.
- (C) Nothing in this subsection shall require a health care provider to utilize or administer a vaccine provided by said department if, based upon such provider's medical judgment, (i) administration of such vaccine is not medically appropriate, or (ii) the administration of another vaccine that said department is not authorized to supply under subdivision (3) of this subsection is more medically appropriate.
- (5) No health care provider shall seek or receive remuneration for or sell any vaccine serum provided by said department under this section.

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- Nothing in this section shall prohibit a health care provider from charging or billing for administering a vaccine.
- 214 (6) Not later than January 1, 2014, said department shall submit a 215 report to the General Assembly, in accordance with section 11-4a, 216 evaluating the effectiveness of implementing expanded vaccine choice 217 and universal health care provider participation.
- Sec. 3. Section 19a-7t of the 2022 supplement to the general statutes is repealed. (*Effective October 1, 2022*)

| This act shall take effect as follows and shall amend the following | | |
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| sections: | | |
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| Section 1 | October 1, 2022 | 19a-7h |
| Sec. 2 | October 1, 2022 | 19a-7f(b) |
| Sec. 3 | October 1, 2022 | Repealer section |

Statement of Purpose:

To (1) require that all vaccinations administered in the state are reported to the immunization information system, (2) broaden access to the immunization information system for patients, certain health care providers and local health directors, and (3) require health care providers participating in the federal Vaccines For Children immunization program to order vaccines using the immunization information system.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

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